Authorized Signer(s) Form

The following individual(s) are authorized to make modifications to existing Cardholder(s) accounts/credit limits and to add new cardholder accounts for the Company named below. I understand and agree that this Form can be faxed to Elan at (414)765-6068, and that Elan's copy of the faxed document shall be the only "Original" document for all purposes.

Authorized Signer(s)

(Please print or type)

Company Name: Sta	te of North Dakota	No.:
Name:	Title:	Business Phone:
Signature:		
Name:	Title:	Business Phone:
-		
		Business Phone:
Signature:		
Name:	Title:	Business Phone:
Signature:		
any means of oral, electronic, of stamped facsimile signature whether or not such facsimile s (including oral instructions give mail, by courier, by facsimile mother means, and instructions dany case whether or not such for Cardholders (including themse any Cardholder; establish, to the other action affecting cards, Action of the cardinal statement of th	or written instruction (including written inch reasonably matches the signature ignature was in fact properly authorisen to Elan by telephone, and including nachine, by telex, by telegram, by an elivered to Elan by use of Elan's authorm of delivery is consistent with prilates); cancel any Card and/or accounte extent allowed by Elan, limits on a ecounts, or Cardholders.	for, on behalf, and in the name of Company, by ings signed by a mechanically produced or re of the Authorized Person in Elan's files, ized, and unsigned writings) given to Elan ng written instructions delivered to Elan by U.S. ny form of electronic data transmission, or by any comated telephone voice response system, and in for course of conduct); designate new nt; set or adjust the amount of credit available to any Cardholder, Card, or Account; and take any
Print Name:		
Phone:		Fax: